

Division of Workforce Development
Mediation Election Form

The Department of Economic Development, Division of Workforce Development (DWD) has been designated by the Governor of Missouri as the agency to comply with Section 188 of the Workforce Investment Act (WIA) and its implementing regulations. In carrying out these duties, DWD conducts both compliance reviews and discrimination complaint investigations.

Mediation is an informal process that is offered as an alternative to the traditional investigative or litigation process. Mediation is a voluntary, strictly confidential, non-adversarial dispute resolution process or conference that allows people who have a dispute to come together to talk and decide for themselves how to end their dispute. The sessions are not tape recorded or transcribed. Mediation gives the parties the opportunity to discuss the issues raised in the allegation(s), clear up misunderstandings, determine the underlying interests or concerns, find agreements and reach a resolution. The decision to mediate is completely voluntary for the complainant. The mediation process is designed to assist the parties in agreeing on a mutually acceptable resolution.

I have read the information on the role of the State of Missouri, Division of Workforce Development Equal Opportunity and Complaint Resolution Process under the Workforce Investment Act (WIA), including the offer of Mediation as an alternative to the formal complaint investigation procedure.

Based on the information provided to me, I have voluntarily and freely made the following election with regard to mediation.

- ☐ Yes, I elect to avail myself of the mediation option of complaint resolution. I agree to participate in the mediation efforts led by DWD EO office and to attempt to settle the issues in dispute between the respondent and me.
- ☐ No, I elect not to use mediation as an alternative method of dispute resolution, and request that the formal complaint investigation process begin as soon as this form is received in the EO office.

This completed form must be returned to the State EO Officer within 10 days of receipt.

Complainant Name (Please Print)

Signature of Complainant

Date